

- b. For Hib vaccine, the Department of Health shall receive vaccine in amounts whose total value equals 5.0% of the purchase cost of those Hib doses administered. The type of vaccine shall be mutually agreed upon by the Department of Social Services.

4. Unavailability of Funding. Due to possible future reductions in State and/or Federal appropriations, the Department cannot guarantee the continued availability of funding for this Contract notwithstanding the consideration stated above. In the event funds to finance this Contract become unavailable either in full or in part due to such reductions in appropriations, the Department of Social Services may terminate the Contract or reduce the consideration upon notice in writing to the Department of Health. Said notice shall be delivered by certified mail return receipt requested or in person with proof of delivery. The Department of Social Services shall be the final authority as to the availability of funds. The effective date of such Contract termination or reduction in consideration shall be the actual effective date of the elimination or reduction of appropriations. In the event of a reduction in consideration, the Department of Health may cancel this Contract as of the effective date of the proposed reduction upon the provision of advance written notice to the Department of Social Services.

F. Confidentiality:

This Agreement shall contain the assurance that all information obtained by either party of this Agreement from mutual participants shall constitute privileged communication and shall be held confidential.

It is also explicitly understood by the parties of this Agreement that Title XIX and the Finance and Accounting Division may not make disclosure of information obtained, other than for the administration of the medical assistance program, without written consent of the patient or the parent or guardian of the patient, if a minor or Ward of the State.

G. Methods of Procurement Review of the Agreement and Joint Planning:

This Agreement shall be in effect for a period of one (1) year from the date of approval and shall be reviewed annually thereafter by the parties to the said Agreement.

This Agreement shall automatically renew on the anniversary date of the approval and each anniversary date thereafter, except if modified or terminated as hereinafter provided.

- . This Agreement shall become effective after the following authorized signatures are affixed:

The Director of the Department of Health  
The Director of the Department of Social Services

This Agreement may be amended or terminated by either party upon written thirty (30) day notice to the other party.

Transmittal # MS-87-2  
Supersedes  
Transmittal # MS-84-5

Approved March 10, 87 Effective Jan 01, 87

APPROVED AS TO LEGAL FORM

By [Signature]  
Legal Services Division.

STATE OF NEBRASKA  
DEPARTMENT OF SOCIAL SERVICES

By [Signature]  
Gina Dunning, Director

Dated this 30<sup>th</sup> day of  
September, 1986.

AGREED FOR THE DEPARTMENT OF HEALTH

By [Signature]  
Gregg F. Wright, M.D., M.P.H.  
Director of Health

Dated this 10<sup>th</sup> day of  
November, 1986

Federal Taxpayer Identification  
Number of Contractor

Transmittal # MS-87-2  
Supersedes  
Transmittal # MS-84-5

Approved March 10, 87 Effective Jan 01, 87

COOPERATIVE AGREEMENT

between

DEPARTMENT OF EDUCATION  
DIVISION OF REHABILITATION SERVICES

and

STATE DEPARTMENT OF SOCIAL SERVICES  
MEDICAL SERVICES DIVISION

Intent of Agreement

The mutual objectives of the Nebraska Department of Education, Division of Rehabilitation Services and the Nebraska Department of Social Services, Medical Services Division, are to make their services available to all those individuals in the State of Nebraska who are eligible for services under the respective programs and to avoid duplication of such services. The intent of this agreement is to assure continuing and close cooperation between the Division of Rehabilitation Services and the Medical Services Division, to state the interrelationship between the two programs and to outline the basic scope of services to be provided by each.

Responsibilities

- A. The Division of Rehabilitation Services has as its primary responsibility the provision of services necessary to determine a disabled individual's eligibility for rehabilitation services, and for those meeting eligibility requirements, the provision of services to enable the disabled individual to become employed. Rehabilitation Services help the individual prepare for, seek, find, and keep a job which is suitable to the individual's capabilities and limitations.

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- B. The Medical Services Division is responsible for the Nebraska Medicaid Program (Title XIX), under which eligible recipients receive medically necessary health care services. These services are paid for by the program, on behalf of the recipient, directly to qualified providers. (The Medicare Program (Title XVIII) is not under the jurisdiction of Division of Medical Services - application or inquiry should be made to the District Office of Social Security.)

Services Provided

- A. Rehabilitation services are provided under an Individualized Written Rehabilitation Program developed for each eligible person. Cost services must be authorized in advance by a representative of the Division. The primary services provided by the Division to eligible persons include:
- Diagnosis and evaluation to clearly identify the individual's capabilities, abilities, limitations, and restrictions.
  - Vocational counseling and guidance to identify a suitable vocational objective and the services needed to attain it;
  - Work and personal adjustment counseling to enable the individual to cope with and adapt to the demands and requirements of employment, training, and community environment;
  - Independent living services to enable the individual to participate in and make use of available community and home.
- B. The Nebraska Medicaid Program may provide one or more of the following services to eligible clients when determined medically necessary and appropriate according to program guidelines. (Payment for some services must be authorized in advance by a representative of the program.)
1. Diagnostic, remedial, and rehabilitative services within the licensure of practitioners licensed to practice medicine, surgery, dentistry, osteopathy, chiropractic, podiatry, optometry, nursing, psychology, physical therapy, audiology or speech pathology, and pharmacy;

2. Inpatient hospital care;
3. Outpatient hospital care (includes partial hospitalization);
4. Laboratory and x-ray services;
5. Skilled facility services;
6. Intermediate care facility services;
7. Home health care services;
8. Rural health clinic services;
9. Family planning;
10. Early and periodic screening, diagnosis, and treatment (EPSDT);
11. Transfusions (for Medicare-covered clients, the first three pints of blood are included);
12. Clinic services;
13. Durable medical equipment;
14. Medical supplies;
15. Ambulance services when medically necessary; and
16. Care in Institutions for Mental Diseases for clients age 20 and younger, and age 65 and older.

Eligibility Requirements and Services Limitations

A. Vocational Rehabilitation Services

1. Initial eligibility determination
  - a. The individual must be at or approaching, employable age.
  - b. The applicant for services must have a medically verifiable chronic (not acute) physical or mental disability.
  - c. The disability and resultant functional limitation must also constitute a substantial handicap to employment.
  - d. There must be a reasonable expectation that the services available through the rehabilitation program will make the individual employable.
2. Provision of Services
  - a. As necessary for eligibility determination Rehabilitation Services can purchase diagnostic medical and psychological examinations and reports as authorized by the counselor.
  - b. Services other than diagnostic cannot be purchased by the counselor until the client has been formally accepted for services and an Individualized Written Rehabilitation Plan for services (IWRP) has been developed. (Rehabilitation funds cannot be expended for services, other than diagnostic, which were provided prior to the date of the IWRP).
  - c. Federal law and regulations prohibit expenditure of rehabilitation funds for services which are the legal responsibility of another agency or organization.
  - d. When program funds are insufficient to serve all eligible handicapped persons who apply, the division is required by federal law to give priority to individuals who meet the legal and regulatory definition of severely handicapped. Persons who do not meet the definition of severely handicapped are placed on a waiting list for services at some future time.

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B. Department of Social Services Medical Services Division

1. Initial eligibility determination
  - a. The individual must be age 65, or blind, or disabled, or a dependent child.
  - b. The individual must lack sufficient income to meet his/her medical needs.
  - c. Eligibility for SSI does not automatically assure eligibility for Medical Services.
2. Individuals previously determined eligible
  - a. Individuals who have already been found eligible for Medicaid Services receive a card (re-issued each month) indicating eligibility.
  - b. Presentation of the card provides payment for some medical services without prior authorization.
  - c. Some examples of services requiring prior authorization:
    - (1) Dental services
    - (2) Provision of Durable Medical Equipment
    - (3) Optometric Services
    - (4) Out-of-state hospital services
    - (5) Home health services
    - (6) Skilled facility services
    - (7) Intermediate care facility services
    - (8) Care in institutions for mental diseases for clients age 20 and younger and age 65 and older
    - (9) Certain medications
    - (10) Certain surgical procedures
    - (11) Certain psychiatric services
3. Provision of Services
  - a. Eligibility for Medicaid services may be established no earlier than the first day of the third month prior to the date of the application if eligibility was determined separately for each of the thru months and a medical need exists.
  - b. Payment for medical expenses is dependent on the client's and provider's eligibility at the time the service was rendered, and applicability to program standards as established in medical assistance policy.

How or Where to Apply for Services

A. Rehabilitation Services

1. Referral may be made by an agency or individual or by self-referral. Basic information needed is the name, address, age, a description of the nature of the disability of the individual being referred and the name of the individual making the referral.

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2. Referral may be made by letter, phone, or in person to a local office of Rehabilitation Services. Rehabilitation Services offices are located as follows:

Rehabilitation Services, 4502 Ave. I, Scottsbluff, NE  
69361, Telephone 308-632-1321.

Rehabilitation Services, 200 South Silber, North Platte,  
NE 69101, Telephone 308-534-6780.

Rehabilitation Services, 2916 West Highway 30, P.O. Box  
1807, Kearney, NE 68847, Telephone 308-234-1863.

Rehabilitation Services, 600 South 13th Street, P.O.  
Box 119, Norfolk, NE 68701, Telephone 402-371-1666.

Rehabilitation Services, 5143 South 48th Street,  
Lincoln, NE 68516, Telephone 402-471-3231.

Rehabilitation Services, 1313 Farnam on the Mall,  
Omaha, NE 68102, Telephone 402-554-2100.

B. Medical Services

Requests for medical assistance are made in an interview, by letter, or by telephone to the local office of Social Services. They may be made by an interested person or relative on behalf of an individual who is unable to make his own request.

An application form is completed and signed by the applicant or his representative. Applications may be taken in the local office of Social Services, the applicant's home, the hospital, or other locations.

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Reciprocal Referral

Each of the two parties to this agreement will, as appropriate, make cross-referrals to the other party, or parties, of individuals/clients who may have been found eligible or ineligible for one program but may meet the eligibility criteria of the other program or programs. Such referral, depending on the individual circumstances may be formal (in writing) or informal, but will include as a minimum the referral source, and the name, address, age and nature of the disability of the individual being referred. The exchange of more specific information (medical and/or psychological reports, social history, etc.) will be governed by the Confidentiality of Information standards of the programs involved and may require a release form signed by the individual being referred (or parent or guardian).

Confidentiality of Information

Each of the parties to this agreement has a written policy on confidentiality of information received concerning a client and the standards to be observed to maintain confidentiality in the release of such information to any other agency or individual.

Non-Discrimination

The programs of each of the parties to this agreement have a policy of nondiscrimination on the basis of race, sex, color, religious affiliation, national origin, or physical disability in compliance with the Civil Rights Act, Affirmative Action, and Section 504 of the Rehabilitation Act.

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Funding and Limitations

The funding source for Rehabilitation Services and for Medicaid is a combination of state and federal funds which requires a maintenance of effort regarding state funding. Each of the programs is limited in the amount of funds available to serve eligible clients. Each is restricted by federal and state laws as to services which can be provided or purchased for clients. Each is expected to make use of other funding resources which may be available. The major goal of both programs is to provide necessary services to eligible clients in a timely and expeditious manner. Because the basic purpose of Rehabilitation Services is to provide vocational counseling, training, and placement, federal regulations governing the program require that provision of services, other than diagnostic, must await determination of eligibility and completion of an I.W.R.P. Services which would predate the I.W.R.P. cannot be authorized. The length of time from initial application to completion of an I.W.R.P. averages three months.

The Department of Social Services Medical Services Division is able to provide medical services on a more timely basis for clients eligible for that program. Vocational counseling and training following medical services provides a purpose and goal to individuals completing medical treatment. In many instances cross-referral between the two programs will be in the client's best interest.

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Because the funding for both programs is limited, cooperation and coordination of effort is required based on the needs of the individual client. As a general guide for staff of both agencies, it is agreed that for clients who are, or could be, eligible for both programs the following will apply:

1. Rehabilitation Services will be primarily responsible for costs involved in the provision of vocational counseling and evaluation, vocational training, and vocational placement activities.
2. The Department of Social Services Medical Services Division will be primarily responsible for costs involved in the provision of Medicaid services, therapy, prosthetic appliances, etc., within the legal limitations applying to that program.
3. Cross-referral will be made of clients who are potentially eligible for those services which are the primary responsibility of the other program.
4. To avoid duplication of effort, diagnostic information obtained by one program will be made available to the other program to aid in determination of eligibility. Progress reports on services provided to mutual clients will be exchanged on request. (Both of the above are subject to the release of confidential information requirements described earlier in this agreement.)

#### Liaison Staff

To assure continuing and close cooperation between the two parties to this agreement the following state-level staff from each of the programs will be the contact persons for any questions or problems which may arise concerning this agreement.

Coordinator Cooperative Agreements, Rehabilitation Services 402-471-2961  
Administrator, Division of Medical Services 402-471-3121.

#### Measurable Objectives

1. Establishment of liaison staff for each program.
2. Participation in mutual in-service training activities to improve communication and understanding as to the services available and the eligibility requirements of each program.
3. An increase in the number, timeliness, and appropriateness of cross-referrals between the two programs.
4. Appropriate use of the services and funding resources of each program to avoid potential duplication of effort.

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